| UNITED STATES HOUSE OF REPRESENTATIVES | FORM B | rage of |
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| FINANCIAL DISCLOSURE STATEMENT | For New Members, Candidates, and New Employees | LEGISLATIVE RESOURCE CENTER |
| Name: LAKESIAN D. ROGERS Daytime Telephone: | ephone: | IS MAY IO PM 1:45 |
| New Member of or Candidate for State: TOYAS U.S. House of Representatives District: 9 Candidates – Date of Election: November 2018 | Check if Amendment | U.S. HOUSE OF REPRESENTATIVES (Office Use Only) |
| New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant | Period Covered: January 1, | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QU | QUESTIONS | |
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | ing the reporting Yes No X |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No Route Person No Rou | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | of filing? |
| D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period? | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | an \$5,000 from a Yes No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE | _ ~ | ANSWER "YES" REQUIRED TO COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BO</u> | | H OF THESE QUESTIONS |
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | ain other "excepted trusts" need not be disclosed. | Have you excluded Yes No X |
| EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | s of a spouse or dependent child because they m | eet all three tests for Yes No 🗐 |
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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느ద all interest-bearing accounts. If the total is ow \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. Provide complete names of stocks and mutual funds (do not use only ticker symbols). renta or rental and other real property held for investment, brovide a complete address or description, e.g. 101(K) production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income he account that exceeds the reporting thresholds. 핡 or a detailed discussion of Schedule A requirements you so choose, you may indicate that an asset or come source is that of your spouse (SP) or ependent child (DC), or jointly held with anyone (JT). omes and vacation homes (unless there was or an ownership interest in a privately-held busine or bank and other cash accounts, total the amount in lease refer to the instruction booklet you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. xclude: Your personal residence, including secon eographic location in Block A. the optional column on the far left. = is not publicly traded, state the ness, the nature of its activit Assets and/or Income Sources st in, or income derived from, a federal nent program, including the Thrift Savings Plan. e a complete address or de property," and a city and state, I IRAs and other retirement plans (su plans) provide the value for each asset generated HUNGEY BONK CD toward Jones Jea during the reporting period); and any financial in, or income derived from, a federal (a) each Examples: Marcus Savings more than asset held for investment ABC Hedge Fund Simon & Schuster lega Corp Stock **BLOCK A** its activities, \$200 in plans (such as ach asset held in name "uneamed and of Tent 949 쁚 × ⋇≢ 9 *Column M is for assets held by your spouse or depender child in which you have no interest. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please If an asset was sold during the reporting period and included only because it generated income, the value shou specify the method used. None > be "None," \$1-\$1,000 00 ⊀ \$1,001-\$15,000 O \$15 001-\$50-000 0 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 т BLOCK B × \$250,001-\$500,000 G I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 _ $\overline{}$ \$25,000,001-\$50,000,000 _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000 Z ou Check all columns that apply. For accounts Fose that generate tax-deferred income (such as a 401(K), IRA, or 529 accounts), you may check counts (the "Tax-Deferred" column. Dividends, Clist the "Tax-Deferred" column. Dividends, Clist interest, and capital gains, even if or assets held in taxable accounts. Check to the counts of the accounts of the counts of the NONE during the reporting period. × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all o assets indicate the category of income by checking the appropriate box below. Dividends, interest, capital gains, even if rainvested, must be disclosed as income for assets held in taxable accounces the check "None" if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = \$201-\$1,000 ≖ ₹ \$1,001-\$2,500 Current Year × \$2,501-\$5,000 < ≤ \$5,001-\$15,000 × ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* None \$1-\$200 × \$201-\$1,000 ≡ ~ \$1,001-\$2,500 Preceding Year \$2,501-\$5,000 < ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 ⋝ For all othe \$1,000,001-\$5,000,000 × Over \$5,000,000 × ≚ Spouse/DC Income over \$1,000,000*

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Use additional sheets if more space is required

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| | SCHEDULE A - ASSETS & "UNEARNED INCOME" |
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| Assets and/or Income Sources | | | | | ≲ | 盲 | 9 | Value of Asset | ğ | | | | | | - | ₩ | <u>•</u> | Sou | Type of Income | | | | | | | | | | Ž | Ĭ | <u>Q</u> | Amount of Income | Ę | | | | | | | |
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| | None | \$1-\$1,000 | \$1,001-\$15,000 | \$15,001,880,000 | \$50,001-\$100,000 | \$100,001-\$250,000 | \$250,001-\$500,000 | \$500,001-\$1,000,00 | \$1,000,001-\$5,000,0 | \$6,000,001-625,000 | \$25,000,001-\$50,000 | Cvius \$60,000,000 Spouse/DC Asset ov | HONE | DIVIDENDS | RENT | INTEREST | CAMTAL GAINS | EXCEPTED/BLIND | TAX DEFENSED | Other Type of Income of Partnership Income of | Mana | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$5,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001 \$1,000,000 | \$1,000,001-\$5,000,0 | Over \$6,000,000 / Spouse/DC Income of | None . | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$5,001-\$15,000 | \$15,001-850,000 | \$50,001-\$100,000 | \$100,001-\$1,000,000 | \$1,000,001-\$5,000,00 Over \$5,000,000 | Spouse/DC Income o |
| SP, ASSET NAME | - | · . | | . 33 | | | | | | | | | | فححت | | | (* <u>*</u> | | | · · · · · · · · · · · · · · · · · · · | 300 | | | | × 112.3 | | | | | | | <u> </u> | | | 1.00 | | () () () () | r 2 }} | | |
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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| Members and emprofessional services professional services. | INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Source (include date of receipt for honoraria) Type Current Year to Filing Preceding Year ABC Trade Association, Baltimore, MD (July 15) Salary r staff. Type Honorarium Salary Snows Snowch | are on House payroll. The 2016 in types of income (notably honorar Current Year to Filing \$0 \$20,000 | 2016 limit on outside earned income for noraria, director's fees, and payments for Amount Preceding Year \$500 \$1000 |
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SCHEDULE D - LIABILITIES

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exceeded \$10,000. period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

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| | | | | | SP, DC, JT | | |
| | | | Fod. | Example | | | |
| | | | Fundaral Ed | First Bank of Wilmington, DE | Creditor | | |
| | | | 5/01 | 5/98 | Date Liability Incurred MO/YR | | |
| | | | Stadent loans | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | | \$10,001- \$15,000 | > | |
| | | | X | | \$15,001- \$50,000 | | |
| | | | | | \$50,001- \$100,000 | c | |
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| | | | | | \$500,001- \$1,000,000 | 71 | l of Li |
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| | | | | | Over \$50,000,000 | د | |
| | | 2 | | | Over \$1,986,000* (Spouse/DC Liability) | * | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

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|--|---|---|---|--------|----------------------|--|
| | | | | | Position | period and the current calendar year. First-year candidates |
| | | | | | Name of Organization | period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. |

SCHED

| Name: LAKISHA 206EPS Page 9 of 7 Page 9 of 7 Rate, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; or or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former | |
|--|--|
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Identify the continuation employer.

| | | | Date |
|--|--|--|----------------------|
| | | | Parties to Agreement |
| | | | Terms of Agreement |

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
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| (Optional) NOTE NUMBER |
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| Notes |
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| Page 7 of 7 |
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Use additional sheets if more space is required.